

## I.M.P.A.C CARDHOLDER ACCOUNT SET-UP

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS.

LEVEL 1 **4716** OFFICE NAME \_\_\_\_\_  
LEVEL 2 \_\_ OFFICE NAME \_\_\_\_\_  
LEVEL 3 \_\_ OFFICE NAME \_\_\_\_\_  
LEVEL 4 \_\_ OFFICE NAME \_\_\_\_\_

### SET-UP INFORMATION

APPROVING OFFICIAL ACCOUNT NUMBER \_\_\_\_\_ (MAX 16)  
APPROVING OFFICIAL NAME \_\_\_\_\_  
DEPT/AGENCY/OFFICE NAME \_\_\_\_\_ (MAX 22)  
CARDHOLDER NAME \_\_\_\_\_ (MAX 22)  
(First name, middle initial, last name -to be embossed on card; no titles)  
SOCIAL SECURITY NUMBER \_\_\_\_\_ (Dept of Commerce only)  
ADDRESS ONE \_\_\_\_\_ (MAX 20)  
ADDRESS TWO \_\_\_\_\_ (MAX 10)  
(Optional; mailstop, room, or suite #)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_  
SPENDING LIMITS/ACTIVITY CODE  
30-DAY LIMIT \$ \_\_\_\_\_ SINGLE PURCHASE LIMIT \$ \_\_\_\_\_  
(Up to \$999,990 in \$100 increments) (Up to \$100,000 in \$50 increments)  
MERCHANT ACTIVITY TYPE \_\_\_\_\_ (3-digit code)

### OTHER ACCOUNT INFORMATION (OPTIONAL)

USER FIELD -1 \_\_\_\_\_ (MAX 12)  
(Shows on acct info report ONLY - G077)

EMBOSS DESTINATION \_\_\_\_\_ (MAX 2)  
(Select Destination: P=Program Coordinator, B=Billing Office,  
D=Dispute Office, AND Level: 2=Level 2, 3=Level 3, 4=Level 4)

CARD SUPPRESSION YES  
(Circle only if you do not want plastic)

USER FIELD 2 \_\_\_\_\_ (MAX 15)  
(First eight digits show on card)

AGENCY TAX EXEMPT # \_\_\_\_\_ (MAX 20)

MASTER ACCOUNTING CODE \_\_\_\_\_ (MAX 50)

### INPUT SUBMITTED BY:

\_\_\_\_\_  
Approving Official

\_\_\_\_\_  
Agency Program Coordinator (HCO)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

DOC BANKCARD CENTER  
1510 E BANNISTER RD - RM PE122  
KANSAS CITY MO 64131  
PHONE: 1-800-782-2233 or 816-823-3847  
fax: 816-823-3850